Division of Health Care Facilities

TN1931 B. WIND TN1931 B. WIND TREET ADDRESS, CITY STATE, ZIP CODE WEST MEADE PLACE DOST LUKE DRIVE NASHVILLE, TN 37205 DEPROVIDER'S PLAN OF CORRECTION (#AO HOERDIGINCY MUST BE PRECEDED BY PILL) TAG N 000 Initial Comments Complaint investigation #TN00055638 was completed on 11/3/2021 at West Meade Place. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ST LUKE DRIVE NASHVILLE, TN 37205 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments N 000 Complaint investigation #TN00055638 was completed on 11/3/2021 at West Meade Place. No deficiencies were cited under Chapter			TN1931	B. WING	B. WING			
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Complaint investigation #TN00055638 was completed on 11/3/2021 at West Meade Place. No deficiencies were cited under Chapter	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
Complaint investigation #TN00055638 was completed on 11/3/2021 at West Meade Place. No deficiencies were cited under Chapter	N 000	Initial Comments		N 000				
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Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE